

Board and Executive Expense Report

Name Shelly Pusch
Title Chief Zone Officer, North Zone
Location Westlock
 Expenses submitted during the month of February 2015

Source		Purpose	Travel (1)				Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Month-Year	Document		Airfare	Meals	Accommodation	Other Travel				
Feb-15	P-Card	Meetings	131			93	224			
Feb-15	Expense	Meetings				429	429			
Total			\$ 131	\$ -	\$ -	\$ 522	\$ 653	\$ -	\$ -	\$ -

**Total for
the Month** \$ 653

Maximum daily single meal expense claimed in the month \$ -
 Maximum daily base hotel rate claimed in the month \$ -
 Non economy air travel in the month \$ -

1) Travel expenses

Includes local and out of province/country travel expenses. Other travel includes items such as taxis, parking mileage, car rental and other expenses related to travel.

2) Professional Development

Includes conference, seminar and course registration fees and material

3) Hosting and Hospitality expenses

Hospitality and Hosting expenses may be incurred to advance AHS' mission, vision and values. For example, may include working lunches with staff and prospective employees meetings with government officials, dignitaries, public interest groups, donors other public or private organizations.

4) Other

Other expenses include expenses incurred in the normal course of business that are required for work purposes. May include small item technology purchases, books, etc.

Car allowance and any other employment benefits reported in the annual financial statements are excluded from this report

Instruction:

- Attached ALL original detailed receipts and supporting documents in the same order as it appears on this statement
- Cardholder AND Approver's signatures required where indicated below

<u>PUSCH, SHELLY</u> Cardholder's Name	<u>CHIEF ZONE OFFICER</u> Cardholder's Position/Title	Billing Reporting Period: <u>20/02/2015</u>
<u>NORTH ZONE</u> Cardholder's Dept	<u>WESTLOCK ADMIN BUILDING</u> Cardholder's Site/Location	Total Statement Amount: <u>\$224.25</u>
<u>SHELLY.PUSCH@ALBERTAHEALTHSERVICES.CA</u> Cardholder's e-mail address	Last 6 digits of the P-Card: XXXXXXXXXX	

Statement of Transactions

Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
05/02/2015	379486096	IMPARK00020256U, AUTOMOBILE PARKING LOTS AND GARAGES	28.00	CAD	28.00	1.33	.00	GP Cap Proj Mtng with AH & AI
05/02/2015	379486097	AHS PARKING, HOSPITALS	12.00	CAD	12.00	.57	.00	Zone Leaders Mtng
09/02/2015	380043277	AIR CAN XXXXXXXXXX AIR CANADA	131.25	CAD	131.25	.00	.00	Zone Leaders working session
11/02/2015	380256016	EDMONTON INTERNATIONAL, AUTOMOBILE PARKING LOTS AND GARAGES	25.00	CAD	25.00	1.19	.00	Zone Leaders MtngCalgary
19/02/2015	380955597	IMPARK00020256U, AUTOMOBILE PARKING LOTS AND GARAGES	28.00	CAD	28.00	1.33	.00	Zone Leaders Mtng

Signatures		
<p>Cardholder Designate (if Applicable) By signing this statement</p> <ul style="list-style-type: none"> • I hereby certify that I have reviewed and reconciled this statement in BMO Online to the best of my ability in accordance to AHS Corporate Policies, Program User Guide and Training. I have allocated the transactions to the proper cost centre. 		
<p><u>PRODANZUK, KATHY</u> Name of Cardholder Designate</p> <p><u>Kathy L. Prodanzuk</u> Signature of Cardholder Designate</p>	<p><u>EAC to HQ 020</u> Cardholder Designate Position/Title</p> <p><u>Feb 24/15</u> Date of Signature</p>	
<p>Cardholder By signing this statement</p> <ul style="list-style-type: none"> • I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy. • I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by me or on my behalf from Alberta Health Services or any other Organization. A personal cheque for any personal expenses inadvertently charged is attached. • I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided. 		
<p><u>PUSCH, SHELLEY</u> Name of Cardholder</p> <p><u>S Shelley Pusch</u> Signature of Cardholder</p>	<p><u>CHIEF ZONE OFFICER</u> Cardholder Position/Title</p> <p>_____ Date of Signature</p>	
<p>Approver Designate (if Applicable) By signing this statement</p> <ul style="list-style-type: none"> • I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy. • I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by the claimant or on their behalf from Alberta Health Services or any other Organization. A personal cheque for personal expenses inadvertently charged has been obtained. • I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided. 		
<p><u>Kim Belrose</u> Name of Approver Designate</p> <p><u>K. Belrose</u> Signature of Approver Designate</p>	<p><u>Executive Assistant</u> Approver Designate Position/Title</p> <p><u>25 Feb 2015</u> Date of Signature</p>	
<p>Approver By signing this statement</p> <ul style="list-style-type: none"> • I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy. • I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by the claimant or on their behalf from Alberta Health Services or any other Organization. A personal cheque for personal expenses inadvertently charged has been obtained. • I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided. 		
<p><u>Deb Gordon</u> Name of Approver</p> <p><u>Deb Gordon</u> Signature of Approver</p>	<p><u>VP & CHOO Northern Alberta</u> Approver Position/Title</p> <p><u>25 Feb 2015</u> Date of Signature</p>	
Submit approved statement with attachments to Accounts Payable:		
<p>Attach</p> <ul style="list-style-type: none"> • Original (or scanned) itemized receipts with documented business reasons including names of participants where required. • Signed Cardholder Statement Report (or copies or electronic signatures if signatures are not on report, and where applicable) • Copies of pre-approvals for travel • Personal cheque payable to "Alberta Health Services" • Return, refund and/or credit receipts • Disputes letter • Business reasons for travel (require detailed descriptions -- include where travelled to, who attended (if meal), why travel was necessary and detailed explanation of reason) 	<p>Address:</p> <p>Alberta Health Services Accounts Payable 7th Street Plaza 10th Floor North Tower, 10330-107 Street Edmonton, AB T6J 1E4</p>	
Accounts Payable only:		
Reference # _____	Reviewed by _____	Date: _____

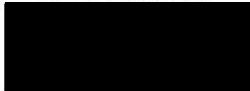
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#379486096

GPCap Proj mtns
with AA & A1

RECEIPT
IMPARK LOT 256
NO IN AND OUT PRIVILEGES

License Plate Number



Expiration Date/Time

06:03 PM
FEB 19, 2015

Purchase Date/Time: 02:03pm Feb 19, 2015

Total Parking: \$26.67

Total gst: \$1.33

Total Due: \$28.00

Total Paid: \$28.00

Ticket

S/N #: 500012451104

Setting: Lot 256

Mach Name: Meter 1

Rate: \$28- 4 hours

Payment Type: Card



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Name: **Mrs Shelly Pusch**
 Frequent Flyer Pgm:

Passenger 1
 Ticket number:
 Program number:

Purchase Summary

Passenger: 1 Ticket number

Date of issue	09-Feb 2015
Fare Amount in Canadian dollars: <i>(including navigational & other charges)</i>	323.00
Taxes, Fees & Charges	
Canada Airport Improvement Fee (SQ)	5.00
Total Fare in Canadian dollars:	5.00A

Options

Change fee in Canadian dollars
 Canada Goods and Services Tax (GST/HST #10009-2287) (XG)

Ticket particularities:
 AC ONLY/NON-REF/CHGE FEE

**Fare calculation:*

11FEB15YEA AC YYC Q12.00R142.00AC YEA Q12.00R157.00CAD323.00
 END ROE1.00 PD14.25CA19.86XG55.00SQ

Canadian tax registration numbers:

XG Canada Goods and Service Tax (GST) #10009-2287
 RC Canada Harmonized Sales Tax (HST) #10009-2287
 XQ Quebec Sales Tax (QST) #1000-043-172

Fare Rules Summary

- Voluntary changes to your itinerary may require the payment of additional fees and fare upgrades.
- If you are travelling on a non-refundable ticket, Air Canada will be unable to make exceptions in the event of an unexpected trip cancellation or medical emergency. We recommend the purchase of travel insurance.
- Tickets are non transferable and name changes are not permitted.
- Advance seat assignments are not guaranteed and may be changed without notice. If your pre-assigned seat is unavailable, we will try to accommodate you in a comparable seat in the same class of service and will refund any applicable refundable fees.

Please read important information and notices regarding Air Canada's [general conditions of carriage](#).

Important Information & Conditions

Please review this itinerary/receipt and should you have any questions, please call 1-888-247-2262 within 24 hours of receipt.

Before You Go: A 'To-Do' List

All passengers are advised to view the [Travel documentation](#) and US Secure Flight Program for important information on documents and identification required for travel.

Travel Insurance

Canadian Residents - RBC Travel Insurance Company offers Canadian travellers an easy way to purchase travel insurance. Whether you're traveling by yourself or with your family, it's important to get protection against the high cost of medical expenses, trip

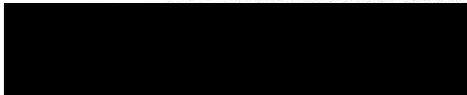
3

Itinerary / Receipt

Your booking is confirmed. Thank you for choosing Air Canada.
Please bring your itinerary-receipt to the airport.

Main Contact Information

Booking reference 

Name: Mrs Shelly Pusch
E-mail SHELLY.PUSCH@ALBERTAHEALTHSERVICES.CA
Form of payment: 

Customer Care
Air Canada Reservations
 1-888-247-2262
Air Canada Flight Information
 1-888-422-7533

International Reservations
 Alert me of flight changes
Flight notification

Flight Itinerary

Flight	From	To	Aircraft	Cabin (Booking class)	Status
AC8133	Edmonton International (YEG)	Calgary (YYC)	DH4	Economy (V)	Confirmed
<i>Operated by:</i>	Wed 11-Feb 2015	Wed 11-Feb 2015			
<i>Air Canada Express- Jazz</i>	07:00	07:53			
Seat number(s) requested:	17A				
AC8148	Calgary (YYC)	Edmonton International (YEG)	DH3	Economy (V)	Confirmed
<i>Operated by:</i>	Wed 11-Feb 2015	Wed 11-Feb 2015			
<i>Air Canada Express- Jazz</i>	13:30	14:25			
Seat number(s) requested:	11A				

Passenger Information

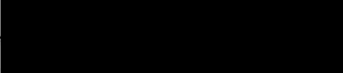
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2

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RECEIPT
IMPARK LOT 256
NO IN AND OUT PRIVILEGES

License Plate Number



Expiration Date/Time

04:40 PM
FEB 05, 2015

Purchase Date/Time: 12:40pm Feb 05, 2015
Total Parking: \$26.67
Total gst: \$1.33
Total Due: \$28.00
Total Paid: \$28.00
Ticket: [Redacted]
S/N #: 500012451104
Setting: Lot 256
Mach Name: Meter 1

Rate: \$28- 4 hours
Payment Type: Card



UNIVERSITY OF ALBERTA HOSPITAL
83 AVE, EAST PARKADE

Machine ID #1008
Rept# 30558
02/05/15 15:46 L# 1 A# 1 Bin#134055
02/05/15 13:00 In 02/05/15 15:46 Out
ID# 918680
UAH 83 Ave \$ 12.00
Total Fee \$ ~~12.00~~
MASTERCARD \$



Parking Rates are GST Exempt

Comments? - email us :
parkingedmonton@
albertahealthservices.ca

OST# R128599776

Edmonton Airports

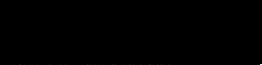
Can-T5J 2T2 Edmonton
Tax CodeCA5%

POF 2nd Fl 11/02/15 15:1
Receipt [Redacted]

Short-term parking tkt
L - No. [Redacted]
11/02/15 05:37
12/02/15 05:36
Period 1d0h0
Tax) \$25.00

Total \$25.00

Payment Received
[Redacted] \$25.00



Type: Swiped
Sub Total \$23.8
Tax 5% \$1.1

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TRAVEL, HOSPITALITY & WORKING SESSION EXPENSE CLAIM

SECTION A: EMPLOYEE DETAILS (for AHS Staff ONLY)

- Enter employee # (old) and Employee # (E-People) if your payroll has migrated to the New E-People payroll system
- Indicate N/A in the Employee # (E-People) if your payroll has not migrated to the New E-People payroll system
- If you are a new employee and your payroll is E-People you will only have an Employee # (E-People)

Expense Date From: 5-Feb-15 To: 20-Feb-15
 Travel Period from: _____ To: _____ (if applicable)
 Out-of-Province Travel: _____

Name: Sholly Pusch Position (Title): SVP North Zone
 Location: _____ Dept: _____ DOFA Level: _____ (if applicable) Union: _____ Business Phone #: _____ Ext: _____
 Employee # (E-People): _____

SECTION E: FINANCE CODING & TOTAL CLAIM

CAPITAL PROJECT CODING ONLY → Project Number _____ Expenditure Organization _____ Project Task Number _____ Expenditure Type _____

Total - Section B: Travel - Pg 2					Total - Section C&D: Other & Foreign Expenses - Pg 3					TOTAL REIMBURSEMENT		
Pg	Bal Unit	Location	Functional Centre (FC)	Total Expense	Bal Unit	Location	Functional Centre (FC)	Secondary/Expense	Total Expense	Total Section B	Total Section C&D	
2A	101	0004	71110100064	\$429.25 ✓						\$429.25		
2B												
2C												
2D												
				\$429.25							Less Cash Advance	
											TOTAL CLAIM	\$429.25

NOTE: This section auto fills from page 2A, 2B, 2C & 2D

NOTE: These fields do not automatically fill for Section C & D

SECTION F: AUTHORIZATION

I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy.
 I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by me or on my behalf from Alberta Health Services or any other Organization.
 I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided above.

I, by signing this form, attest that I am compliant to all the above statements.

Employee Signature: Sholly Pusch Date: 23-Feb-15

Travel, Hospitality and Working Session Expenses Policy - Document# 1122

I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy.
 I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by the claimant or on their behalf from Alberta Health Services or any other Organization.
 I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided above.

Approved By (PRINT ONLY): Deb Gordon DOFA Level: _____ Position #: _____ Ext: _____
 Signature: _____ Title: Chief Health Operations Officer Date: 26 FEB 2015

I, by signing this form, attest that I am compliant to all the above statements.

Approved By (PRINT ONLY): _____ DOFA Level: _____ Position #: _____ Phone #: _____ Ext: _____
 Signature: _____ Title: _____ Date: _____

Health and Personal information on this form is collected by AHS under the authority of section 20(b) of the Health Information Act (HIA) and sections 33(c) and 34(2) of the Freedom of Information and Protection of Privacy (FOIP) Act, respectively, for the purpose of administering AHS Procure to Pay program.

EXPENSE CLAIM DETAILS

Enter Finance Coding 101 0034 71110100064	Emp # (E-People) [REDACTED]	Page 2A
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*If expenses incurred are for multiple FC's please use pages 2B, 2C, 2D (after pg3) as there should be one FC per page OR if more lines are required for the same FC use these additional pages. Enter total \$ amount on slip, **DO NOT separate any taxes** (eg. GST). Secondary/Expense codes are not required in this section as they are pre-determined by the system.*

SECTION B: TRAVEL EXPENSES **NOTE:** If expenses do not fall into these categories such as Hospitality, Working Session, Relocation, Continuing Education, Business Insurance go to SECTION C

Select from dropdown (column Prov) where expenses were incurred (Out of N.America = Inter'l)
 Ensure separate lines are used for claim items that differ in Province, US and Out of North America.

Date dd-mmm-yy	Business Reason for Travel - Detailed Description Required (Include destination, who attended-(if meal), why travel was necessary and detailed explanation of reason) A description of just "Meeting" will be returned for clarification.	Prov, US, or Out of N.America where expenses incurred?	What is travel related to?	Cost Effective Method Used? Y/N	Meal (Allowance OR Receipt)				If amount being claimed is above the policy limit stated in Appendix "A" rationale is required			Rental Car/ Bus/LRT/ Parking / Fuel	Per Diem Allowance	Mileage (km)
					Meal Allowance		Meal with Receipt		Airfare	Hotel	Taxi			
					Meal Type with value	Allowance	Meal Type	with receipt						
5-Feb-15	Travel to Edmonton - Zone Leaders Meeting	AB	Meeting	Yes										270.00 ✓
11-Feb-15	Travel to Airport - Zone Leaders Meeting in Calgary	AB	Meeting	Yes										310.00 ✓
19-Feb-15	Travel to Edmonton - Grande Prairie Capital Projects Mtg with AI & AH	AB	Meeting	Yes										270.00 ✓
SUBTOTALS														Total Kms 850.00

<p>MILEAGE - Business Kilometre Rate for Personally-Owned Vehicle → details of travel location to & from must be included above under the purpose of travel column Rates applicable \$0.505 per km for under 5,000km/yr or \$0.47 per km for over 5,000km/yr or per Union Agreement</p>	<p>Enter \$0.505 km, \$0.47 km QR rate per Union Agreement (see Mileage details to the left) \$0.505</p>
<p style="text-align: right;">Mileage \$ \$429.25</p>	
<p style="text-align: right;">Travel \$ Subtotal</p>	
<p style="text-align: right;">Auto fills on page 1 - TOTAL TRAVEL \$ \$429.25</p>	

Rationale is Required for expenses that are not Cost Effective
 (Any analysis supporting the method to assess cost effectiveness should be attached to the claim form)